

2019-11-11 09:57

Flats At 540 19193632365 >> 803 896 5199

P 1/17

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

288517
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 354-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sophia Brunson

Telephone: 843-263-7794

Address: 90 Laurel Bay Rd
Beaufort, SC 29906

Fax:

Other:

Email: srblackwell@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: November 7, 2019

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Kind world LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

90 Laurel Bay Rd. Beaufort, SC 29906

Street Address of Applicant

P.O. Box 744, Lobeco, SC 29931

Mailing Address of Applicant (if different from street address)

843-263-7794

Phone

Fax

Srblackwell@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship☒ Partnership - List names and addresses of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.Sophia Brunson - P.O. Box 744, Lobeco, SC 29931Ahmad Brunson - P.O. Box 744, Lobeco, SC 29931

DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
Ford	2011 E450	1FDFE4FS2BDA19572	14,500	25

ACCEPTED FOR PROCESSING - 2019 November 14 8:39 AM - SCPSC - 2019-354-T - Page 3 of 17

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INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Kind World LLC

Name of Applicant

186 morgan Rd, Seabrook, SC 29940

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 9388Limits 1500000The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbeltBerkshire Hathaway Homestate Companies

Name of Insurance Company

1314 Douglas St, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Berkshire Hathaway
HOMESTATE COMPANIES

 PO Box 31145 • Omaha, NE 68131
 bhhc.com

Direct Bill
Payment Plan Options

Date: 09/20/2019

Billing Services:

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: **KIND WORLD LLC**

Quote Number: 9895326

Indicated Premium: \$ 9,388.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
Down Payment					
Due at Binding	\$1,878.00	\$1,878.00	\$2,545.00	\$4,882.00	\$9,388.00
Installments *					
Month 1	\$750.64	\$1,501.68			
Month 2	\$751.04		\$2,280.43		
Month 3	\$751.04	\$1,502.08			
Month 4	\$751.04				
Month 5	\$751.04	\$1,502.08	\$2,281.28	\$4,506.00	
Month 6	\$751.04				
Month 7	\$751.04	\$1,502.08			
Month 8	\$751.04		\$2,281.28		
Month 9	\$751.04	\$1,502.08			
Month 10	\$751.04				

*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

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Berkshire Hathaway
HOMESTATE COMPANIES

P.O. Box 31145 • Omaha, NE 68131
bhhc.com

**Recurring Payments
Authorization Form**
Billing Services:

1-877-680-2442

7:00 AM - 7:00 PM Central Time, Mon - Fri
billing@bhhc.com

Insured Name: **KIND WORLD LLC**
Quote Number: **9895326**
Agency Name: **Berkshire Hathaway Homestate Companies**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

Select a Request Type:
Enroll in Recurring Payments ☐Change Recurring Payments Account ☐Stop Recurring Payments ☐

(only signature and date required)

Name on Account: _____

Account Holder Address: _____

City/State/ZIP: _____

E-mail Address for Receipts: _____

Enroll using a Checking/Savings Account
Account Type: Checking Account ☐ Savings Account ☐

Bank Name: _____

Routing Number: _____
**Please note that a routing number has exactly nine digits.*

Account Number: _____

Enroll using a Credit/Debit Card
Card Type: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Card Number: _____

Expiration Date: _____

**A nominal transaction and reversal may appear on your statement due to our validation process.*
Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **E-MAIL WILL NOT BE ACCEPTED**

Please Note: Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

*** I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.***

AUTHORIZED SIGNATURE: _____

DATE: _____



Berkshire Hathaway HOMESTATE COMPANIES

Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

****New Direct Bill Option - Auto, Cargo, or Garage Only****

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

To bind coverage:

You will receive a link from noreply@bhhc.com. Follow the link in the email to our online binding mechanism. You will then have two options:

1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

Questions? Contact P&C Client Services at (877) 680-2442

* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.

Berkshire Hathaway Homestate Insurance Company • Brookwood Insurance Company • Continental Divide Insurance Company
Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company

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BHHC-Rate for South Carolina

Cypress Insurance Company

Account Summary For KIND WORLD LLC

Quote #: 9895326

Status: Approved

Policy Type: AP

Originally Quoted: 9/16/2019 8:30 PM EST
 Quote Printed: 9/20/2019 9:09 AM EDT
 Proposed Effective: 9/20/2019 1:00 AM EST
 Proposed Expiration: 9/20/2020 1:00 AM EST

Commission: 12.50

Quoted By: Brandon Jones
 Berkshire Hathaway Homestate
 1314 Douglas St
 Omaha, NE 68102

bjones2@bhhc.com
 Producer: Bankers Insurance, LLC
 Ste 300
 Charlottesville, VA 22911
 Phone - (434) 977-5313
 Fax - (434) 977-3954

DOT #: 3288096

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability ****	1,500,000 CSL	7,367
7	UM - BIPD	1,000,000 CSL	357
7	UIM - BIPD	1,000,000 CSL	357
7	Medical Payments	5,000	311
7	Physical Damage	See Specific Unit	996
	Total Ins Value	25,000	
**** Excess Limits Surcharge Applied			
Total			\$9,388.00

Revision: 3SC2019R02

Vehicle Information

BHHC-Rate Version: 8.6.0.205

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2011 FORD CUTAWAY VAN (19572) Spec P & C: \$25,000 Radius: Up to 100 Miles	7,367	357	357	311	996	N/A	N/A	9,388
	Deductible: 500/1,000							



Berkshire Hathaway
 HOMESTATE COMPANIES

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KIND WORLD LLC
Quote #: 9895326

Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Terms:

- 100 mile radius
- 12.5% commission
- All New Drivers must meet driver guidelines.
- Compliance with UM/UIM Limit Requirements.
- Covering all owned/operated vehicles.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- Federal filings
- Inspections involving unreported power units may jeopardize continued coverage.
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Operation: Charter Bus
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- Prompt reporting of all new drivers.
- Subject to a maximum seating capacity of 14 seats
- Subject to all transportation being arranged at least 24 hours in advance
- Subject to business being a new venture
- Subject to no for-hire cargo hauling
- Subject to no uber, lyft, or similar exposure

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.
- Radius: 100% of operations within 100 miles; inform if different

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This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Quote is valid through: 10/20/2019

Disclosure Statement: The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is **NOT** a binder of Insurance. Company must be notified prior to Binding Coverage.

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KIND WORLD LLC

Quote #: 9895326

Schedule of Forms & Endorsements

CA 0001 (10/2013) Business Auto Coverage Form
CA 0150 (05/2017) South Carolina Changes
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage
CA 2188 (12/2013) South Carolina Underinsured Motorists Coverage
CA 2402 (10/2013) Public Transportation Autos
CA 9944 (10/2013) Loss Payable Clause
CA 9958 (04/2014) South Carolina Auto Medical Payments Coverage
IL 0017 (11/1998) Common Policy Conditions
IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 3912b (08/2001) Stated Amount Insurance
M 4566a (11/1999) South Carolina Liability Insurance ID Card
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception
M 4803 (02/1998) Abuse or Molestation Exclusion
M 4959a (03/2002) Schedule of Covered Autos
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist
M 5479 (04/2010) Towing and Storing Costs
M 5603 (03/2017) Policy Jacket
M 5605 (02/2011) Business Auto Coverage Declarations
M 5623 (04/2011) Application of Policy - Financial Responsibility
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement
M 5872 (04/2016) Changes to Common Policy Conditions - Cancellation

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Driver Information for KIND WORLD LLC

BHHC-Rate for South Carolina
Cypress Insurance Company

Quote #: 9895326

Revision: 3SC2019R02

<u>Driver</u>	<u>Date of Birth</u>	<u>License Class</u>
1 Sophia Brunson	2/28/1982	
2 Latyra Blackwell	10/12/1984	
3 AHMAD BRUNSON	11/2/1982	

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KIND WORLD LLC

M-5638 (08/2011)

Cypress Insurance Company

Quote #: 9895326

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

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KIND WORLD LLC

M-5638 (08/2011)

Quote #: 9895326

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you must* then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
State of South Carolina Department of Insurance
Capitol Center
1201 Main Street, Suite 1000
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6180
(800) 768-3467
E-mail Address: consumers@doi.sc.gov

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Exhibit Fit, Willing, and Able (FWA)Kind World LLC

Name of Applicant

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes☒ No☐ Pending

(Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory☐ Conditional☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

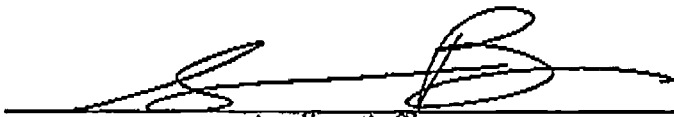
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

Owner
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Beaufort)

SWORN TO BEFORE ME
This 28 day of September, 2019

K Traub Karen Traub
Notary Public

Commission Expires Nov 07, 2024



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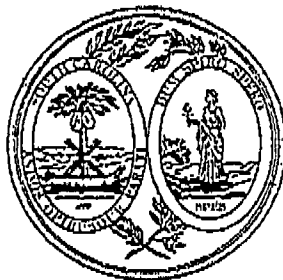
Print Application

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The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Kind World LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 13th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 14th day
of May, 2019.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State